

These Frequently Asked Questions (FAQs) share information regarding the eligibility and enrollment of State of Delaware employees, pensioners, employees of other non-payroll participating groups as defined in Delaware Code, and their eligible dependents in the State of Delaware Group Health Insurance Program. The Eligibility and Enrollment Rules govern this program in accordance with Delaware Code and have been approved by the State Employee Benefits Committee (SEBC). These FAQs provide only a summary of information. Any error or omission is unintentional. If a discrepancy exists between the information provided in this document and federal or state law or plan document, the law or plan document shall prevail.

All forms are due to your Organization's Human Resources/Benefits Office by May 25, 2011. Pensioner's forms are due to the Office of Pensions by May 25, 2011.

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OPEN ENROLLMENT - 2011

1. What is the 2011 Open Enrollment?

Open Enrollment May 9 through May 25, 2011 is your once-a-year opportunity* to review your health, dental, vision and blood bank coverage and to make the choices that are right for you! Coverage and new rates are effective from July 1, 2011 through June 30, 2012.

* See Section on making changes after Open Enrollment.

2. Which benefits does the State of Delaware offer during this Open Enrollment?

The State of Delaware offers Health, Dental, Vision and Blood Bank coverage to eligible employees and pensioners during this Open Enrollment period. A description of all of the benefit plans is included in the Open Enrollment Booklet available online at www.ben.omb.delaware.gov/oe.

Health - The State of Delaware offers six separate plans for health care. Two new Consumer-Directed Health Care Plans are being offered this year through Aetna and Blue Cross Blue Shield of Delaware. A complete description of the CDH Gold Plans including a detailed summary of the health plan benefits is available in the Open Enrollment Booklet.

Dental – The State of Delaware offers two dental plans. Delta Dental offers a PPO plan and Dominion Dental offers an HMO plan.

Prescription - The State offers prescription coverage as part of the State's Group Health Insurance Program. Medco is the State of Delaware Pharmacy Benefit Manager that manages the State's prescription program. Once enrolled in a health plan, employees may have prescriptions filled at participating pharmacies. Medco also offers prescription refills through a mail order system. More information and forms are available on the Medco's website at www.medco.com or on this website.

Employee Assistance Program – Human Management Services, Inc. (HMS) provides an Employee Assistance Program to non-Medicare participants in the State's health insurance program. This service includes free, confidential, professional assessment and short-term counseling for members and dependents that may be experiencing personal or family problems.

Blood Bank - All State employees and pensioners are eligible for membership in the Blood Bank of Delmarva. The State of Delaware provides membership in the Blood Bank for all full-time employees and pensioners who enroll. Other State employees pay the annual fee. Most health plans do not cover the cost of blood replacement. The membership fee covers the employee and all tax-dependent family members for any amount of blood needed. A blood donation is required approximately every 22 months or the employee must pay the cost of a pint of blood.

Vision – All State employees and pensioners are eligible to enroll in the new vision plan through EyeMed Vision Care®. The plan provides coverage for an annual eye exam for a \$10 copay and frames at an allowance up to \$160 with a \$20 copay. Contact lens coverage is also available. Complete information is available at www.ben.omb.delaware.gov/vision.

3. When will I receive the Open Enrollment materials?

Important open enrollment information was mailed to your home the last week in April. The packet included a “What’s New” brochure where you will find changes and updates to existing health care plans and benefits to assist you when choosing your health coverage for 2011-2012.

4. How will I get an Open Enrollment Booklet?

A 2011 Open Enrollment Booklet is available online. A copy of the e-Benefits Quick Reference Guide that includes online enrollment instructions and other helpful information will be online by May 9th. If you need assistance accessing this information on the Internet, please see your Human Resources/Benefits Office to request their assistance.

5. What do I need to do if I want to enroll, make changes or cancel coverage?

Active State employees must enroll, make changes, or cancel health, dental, vision and Blood Bank coverage by completing the online enrollment process through eBenefits from May 9 through May 25, 2011. Employees will be responsible for data entering their own benefit elections directly into the e-Benefits online enrollment system. The eBenefits Quick Reference Guide online enrollment instructions will be available at www.ben.omb.delaware.gov/oe during Open enrollment.

Active State employees enrolling in the Blood Bank for the first time MUST enroll online through eBenefits and also complete and return the Blood Bank Application to your Human Resources/Benefits Office no later than May 25, 2011.

If enrolling or continuing to cover a spouse through “Employee & Spouse” or “Family” coverage, active employees MUST complete the Spousal Coordination of Benefits (COB) form online during Open Enrollment. You can access the form at www.ben.omb.delaware.gov/documents/cob. You may also

complete the form online while in e-Benefits by clicking on the Enrollment Handbook icon, then click Spousal COB form (electronic). Complete the form and submit online. The information on the form will be submitted to your health carrier via a secure transmission process. Failure to return this form will result in reduction of spousal benefits.

Plan options preceded with D.S.S. are the Double State Share options. If you are eligible for Double State Share and you are making changes to your health election, be sure to select the D.S.S. version of the plan listed on the online benefits enrollment page. In order to be eligible for Double State Share (DSS) husband and wife must be either permanent full-time active State of Delaware employees (regularly scheduled 30 or more hours per week) with greater than three full calendar months of State service or be receiving a pension check. Please refer to the 2011 Open Enrollment booklet for more details.

The e-Benefits Quick Reference Guide contains online enrollment instructions and is available on this website.

State of Delaware Pensioners must complete the necessary enrollment forms available on the Office of Pensions website at www.delawarepensions.com or complete the health, dental and vision applications included in the packet mailing sent to your home. You must submit your completed enrollment forms to the Office of Pensions by May 25, 2011. Pensioners enrolling or continuing to cover a spouse through “Employee & Spouse” or “Family” coverage must complete the Spousal Coordination of Benefits (COB) form no later than May 25, 2011. You may complete the form online at www.ben.omb.delaware.gov/documents/cob if you have access to a computer. If you do not have access to the internet, you may complete the form included in the packet mailing sent to your home and submit it to the Office of Pensions. The form must be completed no later than May 25, 2011.

If you are a pensioner and your spouse **is eligible for Medicare** and enrolled in the State’s Medicare Supplement Plan, (BCBSD Special Medicfill); you are not required to complete a Spousal Coordination of Benefits form.

Non-Payroll Participating Groups - Members of all other non-payroll participating groups (i.e. DSWA, DTC, UD, towns and municipalities covered by the State’s Group Health Insurance program) must complete the enrollment applications available from their organization’s Human Resources/Benefits Office and return them no later than May 25, 2011. If enrolling or continuing to cover a spouse through “Employee & Spouse” or “Family” coverage the employee must complete the Spousal Coordination of Benefits (COB) form online no later than May 25, 2011. Failure to return this form will result in reduction of spousal benefits.

6. What do I need if I do not want to make any changes to my current coverage?

If you are currently enrolled and do not wish to make any changes, **No Action is Required** unless you are covering a spouse in one of the State of Delaware Group Health Insurance medical plans. **See question 22.**

7. Will I receive a Confirmation Statement after Open Enrollment?

Confirmation Statements are not mailed to active State employees. Employees are responsible for reviewing their elections from the Employee Self-Service Benefit Summary by logging onto eBenefits as you did to enroll and click Benefits Summary instead of Open Enrollment. By entering the date of 07/01/2011, you will be able to view your elections as of that date including the dependents covered. If an error has been made, make the necessary corrections contact your organization’s Human Resources/Benefits Office no later than June 9, 2011. **No changes will be accepted after June 9, 2011.**

8. What do I do if my benefits as of July 1, 2011 are not correct on the online Benefits Summary?

Contact your organization's Human Resources/Benefits Office no later than June 9, 2011 and advise them of the errors and what corrections need to be made. The corrections will be made by your Human Resources/Benefits representative.

9. What forms do I need to return and to whom?

Spousal Coordination of Benefits (COB) Form – Active employees and pensioners enrolling a spouse for the first time or continuing to cover a spouse in one of the State of Delaware Group Health Insurance medical plans, MUST complete a new **Spousal Coordination of Benefits** form each year during Open Enrollment and anytime the spouse's employment or insurance status changes. Active State employees must complete the form online at www.ben.omb.delaware.gov/documents/cob . Failure to submit a new Spousal COB form will result in a reduction of spousal benefits. Forms must be completed by May 25, 2011. Once completed, click "Printable Summary" to print a copy of your submission for your records.

Pensioners must also complete a spousal form if covering a spouse. The form can be completed online at www.ben.omb.delaware.gov/documents/cob if you have access to a computer. If you do not have access to the internet, you may complete the form included in the packet mailing sent to your home and submit it to the Office of Pensions. The form must be completed no later than May 25, 2011. If you are a pensioner and your spouse **is eligible for Medicare** and enrolled in the State's Medicare Supplement Plan, (BCBSD Special Medicfill); **No Action is Required.**

Non-payroll participating group members must also complete a spousal form if covering a spouse. The form must be completed online at www.ben.omb.delaware.gov/documents/cob . If you are a pensioner and your spouse **is eligible for Medicare** and enrolled in the State's Medicare Supplement Plan, (BCBSD Special Medicfill); **No Action is Required.**

Adult Dependent Coordination of Benefits Form – If you are covering an adult dependent child who turned 21 by the end of 2010, you must complete this form and submit to your Human Resources/Benefits Office no later than June 9, 2011. You can access the form at www.ben.omb.delaware.gov/documents/cob. You may complete the form online, then print, sign and submit to your Human Resources/Benefits Office. Failure to submit this Adult Dependent Coordination of Benefits form will result in a reduction of benefits for your adult dependent child.

Blood Bank Application - if you are an active State employee enrolling in the Blood Bank for the first time, you must return the separate Blood Bank Application available from your organization's Human Resources/Benefits Office in addition to enrolling online through e-Benefits. Do not complete the application on the Blood Bank website. Pensioners may obtain an application from the Office of State Pensions. If you were terminated from membership in the Blood Bank due to non-fulfillment of your obligation, you cannot reenroll using the e-Benefits online or paper application through the State. You must contact the Blood Bank directly. Return the form to your Human Resources/Benefits Office by May 25, 2011.

10. What will happen if I do not complete the e-Benefits online enrollment process by May 25, 2011?

You MUST complete the e-Benefits online enrollment process if you wish to enroll, make changes or cancel current Health, Dental, Vision and Blood Bank coverage. If not, any enrollments or changes to

your benefits must wait until open enrollment 2012 unless you experience a qualifying event to make a mid-year change.

- 11. If I am currently on a Leave of Absence for any reason, do I need to complete the e-Benefits online enrollment process?** You are required to complete the e-Benefits online enrollment process if you wish to enroll, make changes or cancel your coverage.

WHAT'S NEW FOR July 2011?

What's New can be found at www.ben.omb.delaware.gov/oe.

ELIGIBILITY

- 12. Who is eligible to participate in the State health, dental and vision insurance plans*?**

The State of Delaware offers insurance benefits to permanent, full-time employees, permanent part-time employees, limited term employees and Pensioners. Participation in the State's insurance program is voluntary.

For more details about eligibility refer to the "Group Health Insurance Eligibility Rules & Guidelines" available on this website. Permanent State of Delaware employees, State of Delaware Pensioners, and employees in some Non-Payroll groups as defined in the Delaware Code, are eligible for coverage under the State plans.

*State of Delaware school district employees with a district dental or vision plan are not eligible for the state dental or vision plans.

- 13. Which dependents are eligible to enroll?**

A member's legal spouse and unmarried children under the age 26. For more details about dependents eligible to participate, refer to the "Group Health Insurance Eligibility Rules & Guidelines" available on this website. Details on the extension of coverage from ages 24 to 26 can be found in the Open Enrollment Booklet at www.ben.omb.delaware.gov/oe and at www.ben.omb.delaware.gov/documents/cob.

STATEWIDE BENEFIT HEALTH FAIRS

- 14. What are the Statewide Benefit Health Fairs?**

The Statewide Benefits Office hosts free Benefit Health Fairs during the Open Enrollment period at various site locations. The Health Care vendors have tables set up with free information and representatives are available to answer your questions about the different plans and services they each provide.

You are welcome to attend these Fairs if you are enrolled or are eligible to enroll in the State of Delaware Group Health Insurance Program. Health screenings and other services may be available.

- 15. Which vendors will be at the Benefit Health Fairs?**

The following vendors will be represented at the locations and dates listed below:

Blue Cross Blue Shield of Delaware, Aetna, Dominion Dental Services, Delta Dental, EyeMed Vision Care, Blood Bank of Delmarva, Human Management Services, Inc. (HMS), Alere Health, Treasurer's Office for Deferred Compensation, Medco, Office of Pensions and the Statewide Benefits Office

including DelaWELL .

16. When and where are the Statewide Benefit Health Fairs being held?

A listing of the Health Fair dates and locations can be found at www.ben.omb.delaware.gov/oe.

MAKING THE DECISION

17. How do I decide which coverage is best for me?

Deciding which health and dental plans are best for you and your family is an important decision. Review the Open Enrollment booklet, attend a health fair, and visit the websites of the vendors and Statewide Benefits Office at www.ben.omb.delaware.gov. This information will assist you in the decision-making process to help you choose the health, dental and vision coverage that meets the health care needs of you and your family in the coming year.

18. Where can I find a side-by-side comparison of the health plans?

A side-by-side comparison of the health plans is included in the Open Enrollment booklet available online at www.ben.omb.delaware.gov/oe.

19. What other information is available and how can I get it?

Other, specific information about the plans can be found in the plan booklets from the carriers. Plan booklet information is also available by contacting the carrier directly or on this website. Keep in mind that changes as of July 1, 2011 may not be reflected in the plan booklets but contained in the Open Enrollment booklet under What's New.

20. What if I have questions about the Smart Enrollment Analyzer?

Active State employees received the Smart Enrollment Analyzer sent to their home. This information is being provided to help you make informed decisions during this annual Open Enrollment process. FAQs on the Smart Enrollment Analyzer are available at www.ben.omb.delaware.gov/oe.

ENROLLING YOUR SPOUSE OR OTHER DEPENDENT

21. What do I need to do if I choose to cover or continue to cover my spouse by electing "Employee & Spouse" or "Family" health coverage?

Active State employees paid out of the State payroll system can change or add spousal information by using the e-Benefits online enrollment process that can be accessed through the Internet from May 9, 2011 through May 25, 2011. If enrolling a spouse for the first time; you must supply a copy of your Marriage Certificate or other legal document to your organization's Human Resources or Benefits Office.

All other members of the State Group Health Plan (State Pensioners and Non-Payroll Groups) must make changes on the enrollment applications available from their organization's Human Resources/Benefits Office, or for pensioners available at the Office of Pensions or online at www.delawarepensions.com.

If you are enrolling a spouse for the first time, or wish to continue covering a spouse in one of the State of Delaware Group Health Insurance medical plans through "Employee and Spouse" or "Family" coverage; you **MUST** complete a new **Spousal Coordination of Benefits** form each year during Open Enrollment and anytime your spouse's employment or insurance status changes. Active State employees must complete the form online at www.ben.omb.delaware.gov/documents/cob by May 25, 2011. Failure to

submit a new Spousal COB form will result in a reduction of spousal benefits.

Pensioners and participating group members must also complete a spousal form if covering a spouse. If you a pensioner and your spouse **is eligible for Medicare** and enrolled in the State's Medicare Supplement Plan, (BCBSD Special Medicfill); **No Action is Required.**

22. What will happen if I don't return the Spousal Coordination of Benefits form?

Failure to complete a new Spousal Coordination of Benefits (COB) form by May 25, 2011 will result in a reduction of spousal benefits.

23. What do I need to provide if I am enrolling a spouse or other dependent for the FIRST TIME?

Proof of eligibility must be provided for anyone enrolling a spouse or dependent for the first time.

- Proof of eligibility for a spouse is a copy of the Marriage Certificate.
- Proof of eligibility for a dependent is a Birth Certificate or other legal document.

This information is not forwarded to the carriers. Your Human Resources/Benefits Office will maintain this documentation.

24. What if my spouse or other dependents have other coverage?

The Spousal Coordination of Benefits (COB) form should be completed if you are enrolling or continuing to cover your spouse in one of the State of Delaware Group Health Insurance medical plans through "Employee & Spouse" or "Family" coverage. Your health insurance carrier will then coordinate benefits if there is other insurance coverage. To ensure the highest level of coverage for your dependents, you must notify your carrier if your dependent has other coverage. If you receive a form from your carrier or the Statewide Benefits Office requesting information about other coverage for your spouse or other dependents, complete and return to the requesting carrier.

25. How do I enroll my dependent up to age 26 in a benefit plan?

State employees, pensioners, and employees of those groups designated through Delaware Code to participate in the State of Delaware Group Health Insurance Program may enroll their adult dependent children to age 26 in the State health care plan from May 9 through June 9, 2011. Enrollment in a State dental plan, vision plan, and health care flexible spending account is also available to eligible members. Adult dependent children may be enrolled with no restriction on marital, employment, student, resident or tax status. For purposes of extension to age 26, an employee's children are defined by federal law as sons, daughters, stepchildren and adopted children. During Open Enrollment from May 9, 2011 to May 25, 2011, active State employees should enroll their dependents online through eBenefits. From May 26 through June 9th, active State employees should contact their Human Resources/Benefits Office to enroll their dependents. State pensioners should complete the necessary applications to enroll their adult dependent and forward to the Office of Pensions office no later than June 9, 2011. Non payroll participating group members should submit the appropriate applications to their Human Resources Office/Benefits no later than June 9, 2011.

COST OF COVERAGE

26. Who pays for coverage?

Health - A portion of the total premium is paid by the State through the annual budget. Regular officers and employees begin earning State Share contributions on the first of the month following 90 days of continuous State service. The remainder of the total premium is paid by the employee. Premium payments are held in the group health fund as the State of Delaware Group Health Insurance Program is “self-insured”. This means claims for health care coverage are paid from the group health fund.

Dental - The Dental Program is employee funded. The State does not contribute toward the cost of dental coverage. Delta Dental and Dominion Dental administer the dental plans.

Vision – The Vision Program is employee funded. The State does not contribute toward the cost of vision coverage. EyeMed Vision Care administers the vision plan.

Blood Bank - The State of Delaware provides Blood Bank of Delmarva membership to full-time, permanent state employees and pensioners as a paid benefit. Part-time state employees pay an annual fee of \$5, which is payroll deducted on the first pay of the calendar year or the first pay after enrolling in the Blood Bank.

27. How often are premiums deducted?

The health, dental and vision rates listed in the Open Enrollment booklet are monthly rates. State employees pay for coverage through the State's payroll system with bi-weekly payroll deductions for a total of 24 deductions taken each year for health, dental and vision premiums.

28. Are my premiums a pre-tax deduction?

Health, dental and vision premiums are tax sheltered under Section 125 of the IRS Code. Anyone participating in health, dental or vision insurance plans pays their portion of the premium with before-tax dollars.

AFTER I ENROLL

29. When will the new coverage take effect?

The new coverage and rates, or the termination of existing coverage will take effect on July 1, 2011 and will be in effect for the plan year ending June 30, 2012.

30. When will the deductions begin for these new plans or the new rates?

The State of Delaware benefit deductions are lagged in PHRST, the State's payroll system. The first deduction for new coverage or changes to coverage beginning July 1, 2011 will be taken on the July 15, 2011 paycheck.

The first deduction for Pensioners will be on the July 29, 2011 pension check.

31. Will I get Member ID cards?

Health – All employees enrolled in Blue Cross will receive new cards this year. Employees enrolling for the first time with Aetna will receive new ID cards after open enrollment.

Dental - Employees enrolling in a Statewide dental plan for the first time or changing carriers will receive new ID cards after open enrollment.

Medco – You will receive an ID card from Medco when you first enroll in a health care plan. You will automatically be enrolled in the prescription drug coverage with the exception of the Special Medicfill Plan without Prescription Coverage for pensioners.

Vision - Employees enrolling in the new Statewide vision plan through EyeMed Vision Care® will receive vision ID cards after open enrollment.

Blood Bank - if you are enrolling in the Blood Bank for the first time, you will receive a membership Card with your Member ID on it within a few months. If you are continuing your membership, you will not receive a new card.

32. What should I do if I don't get my Member ID cards by July 1, 2011?

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the back cover of the Open Enrollment booklet.

33. What should I do if I lose my Member ID cards or need additional cards?

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the back cover of the Open Enrollment booklet.

34. What should I do if I have questions about my Health, State dental, State vision or Blood Bank of Delmarva coverage after I'm enrolled?

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the back cover of the Open Enrollment booklet.

MAKING CHANGES AFTER OPEN ENROLLMENT

Changes to your insurance elections after Open Enrollment require a Qualifying Event. You must request the change within 30 days of the Event or wait until the next Open Enrollment.

35. What is a Qualifying Event that will allow me to make changes to my Open Enrollment benefit elections?

Qualifying Events include but may not be limited to: marriage, the birth or adoption of a child, divorce, employment of spouse, involuntary loss of spouse coverage, spouse's employment termination, child now ineligible for coverage, death of a spouse or dependent, spouse becomes a State of Delaware employee or pensioner.

36. What should I do if I experience a Qualifying Event and need to make changes to my benefit elections?

Contact your Human Resources/Benefits Office within your organization for the necessary forms within 30 days of the qualifying event. Pensioners should contact the Office of Pensions or go online at www.delawarepensions.com.

37. What happens when my dependent reaches the age of 26?

You are responsible for notifying your Human Resources/Benefits Office within your organization within 30 days of the time when your dependent is no longer eligible for coverage. Dependent coverage is available until the end of the month in which your eligible dependent turns 26. As long as you notify your Human Resources/Benefits Office that your dependent is no longer eligible for coverage in the time frame listed above your dependent will be eligible to elect COBRA continuation coverage. (See below for more information on COBRA continuation coverage.)

38. What do I do if I want to keep my current health plan but change the Primary Care Physician (PCP) for myself or any of my dependents?

Contact the Customer Service number for your insurance carrier. Toll free numbers are provided on the back cover of the Open Enrollment booklet.

39. If I enroll in a dental plan, may I drop coverage during the plan year?

Dental coverage is binding. You may only drop your dependents from your dental coverage during the plan year if you experience a qualifying event. You must maintain employee only coverage until Open Enrollment 2012.

40. If I enroll in the vision plan, may I drop coverage during the plan year?

Vision coverage is binding. You may only drop your dependents from your vision coverage during the plan year if you experience a qualifying event. You must maintain employee only coverage until Open Enrollment 2012.

41. What if I want to change dental, vision or health plans during the plan year, (July 1, 2011 through June 30, 2012)?

You may only change dental or vision plans (other than adding an eligible dependent or dropping an eligible dependent due to a qualifying event) at Open Enrollment.

Health plan coverage level (change from employee to employee/spouse) may be changed only if there is a qualifying event as listed in the Open Enrollment Booklet. Certain qualifying events (such as new eligibility for Double State Share or retirement) allow a change in health plans. For more information, please refer to the "Group Health Insurance Eligibility Rules and Guidelines" on this website, or contact your Human Resources/Benefits Office for more information. Pensioners may contact the Office of Pensions or go online at www.delawarepensions.com.

COBRA (Continuation of Coverage)

You have certain rights and obligations under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). Under federal COBRA law, the State of Delaware is required to offer covered employees and family members the opportunity for a temporary extension of health coverage (called Continuation Coverage) at group rates when coverage under the medical, dental and vision plan would otherwise end due to certain qualifying events.

If an Employee Qualifying Event occurs, your Human Resources/Benefits Office will notify the State's COBRA Plan Administrator. If a Covered Spouse or Covered Dependent Children qualifying event occurs, you must notify your organization's Human Resources/Benefits Office within 30 days. Upon proper notification your Human Resources/Benefits Office will notify the State's COBRA Plan Administrator of the event.

Should an actual qualifying event occur, the State's COBRA Plan Administrator will send you and/or your covered dependents (also known as qualified beneficiaries) additional information with the appropriate election notice. The Eligibility Rules and Guidelines allow an employee or covered family member to change their plan choices upon experiencing a qualifying event. If a qualified beneficiary does not elect coverage within the period specified in the election notice, rights to continue medical, dental and vision insurance will end.

If you choose Continuation Coverage, The State of Delaware is required to offer you coverage that is identical to the coverage provided under the group plan to similarly situated active employees and

family members.

42. What are the Qualifying Events for COBRA Coverage?

Employee Qualifying Events:

1. A reduction in your hours of employment that result in loss of coverage or
2. Termination of your employment for other than gross misconduct.

Covered Spouse Qualifying Events:

3. The death of the employee;
4. Termination of the employee's employment for other than gross misconduct or reduction in the employee's hours of employment with the State of Delaware;
5. Divorce or legal separation from the employee; or
6. Your spouse becomes enrolled in Medicare.

Covered Dependent Children Qualifying Events:

7. The death of the employee;
8. Termination of the employee's employment for other than gross misconduct or reduction in the employee's hours of employment with the State of Delaware
9. Employee's divorce or legal separation
10. The employee becomes enrolled in Medicare; or
11. The dependent ceases to qualify as a dependent child under The State of Delaware Rules of Eligibility as defined by the State Employee Benefits Committee.

OTHER STATE EMPLOYEE BENEFITS

43. If I'm eligible for other State benefits, when can I make changes to them or enroll in those plans?

Flexible Spending Account (FSA) - The State offers an annual Open Enrollment for the Flexible Spending Account (FSA), in the fall each year. Employees may enroll on-line at that time for coverage to begin in January. The Flexible Spending Account is an employer-sponsored plan available to permanent full-time, permanent part-time and limited-term State employees after completing three months of continuous State service. The program allows participants to deduct dollars from their paycheck on a pretax basis. The money can be used to be reimbursed for out-of-pocket health and dependent care expenses. Refer to the benefits section of this website for more information.

Health Care Flexible Spending Account (FSA) Program and Adult Dependent Children (Ages 21 to 26)

Active State employees may also enroll or modify their annual election in the Health Care FSA Program based on the extension of coverage for adult dependent children to 26. Eligible health care expenses for an adult dependent child may be submitted for reimbursement until the end of the month in which the adult child turns 26. Members certify that the adult child is an eligible dependent when signing the reimbursement request form or using the Benny Card.

To enroll, print and complete FSA Election Change Form from the Statewide Benefits Office website at www.ben.omb.delaware.gov/fsa. The top portion of the form must be completed as well as the box entitled "Dependent satisfies or ceases to satisfy eligibility". The completed form must be faxed to Statewide Benefits Office at 302-739-8339 between May 9 and June 9, 2011.

Note: IRS Regulations do not provide for pensioners to participate in FSA. Participating Group employees are not eligible for enrollment in the State of Delaware's Health Care FSA Program.

Life Insurance – Group Universal Life Insurance is available to permanent full-time and permanent part-time State employees on the first of the month following completion of three months of continuous State service. Approval for coverage will be determined by Minnesota Life. Proof of insurability may be required depending on level of coverage. There is no open enrollment period. Eligible State of Delaware employees can enroll or change their current election at any time with proof of insurability by contacting Minnesota Life directly at 1-877-215-1489 or by accessing their web-site at www.lifebenefits.com. Refer to the benefits section of this website for more information.

Pre-Tax Commuter Benefits are available to all benefit eligible active State employees. The program allows eligible employees to set aside pre-tax dollars to pay for your out-of-pocket parking, van pooling or mass transit expenses incurred as you travel to work. There is no set enrollment time for this program and you can make a change to your enrollment at any time. Refer to <http://ben.omb.delaware.gov/commuter> for more information.

Deferred Compensation - The Deferred Compensation plan is administered through the Delaware State Treasury Office. The State offers a Workplace Savings Plan through Fidelity Investments. Eligible employees may join the plan at any time by requesting an Enrollment Kit from Fidelity Investments at 1-800-343-0860.